

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1			
2		1				
3		1				
4		1				
5						
6						
7		1				
8		1				
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19		2				
20		1				
21		1				
22		1				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36	1		1			
37	1		1			
38	1		1	1		
39		1	1			
40		1	1	1		
41		1	1	1		
42		1	1	1		
43		1	1	1		
44		1	1	1		
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.		↓	16	↓		↓
TOTAL DEP.		←	42	←		←
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1		1			
53		1				
54		2		1		
55		2		1		
56		2		1		
57	1		1			
58		1		1		
59	1		1			
60	1		1			
61		1				
62		1		1		
63	1		1			
64		1				
65		1		1		
66		1		1		
67		1		1		
68		1		1		
69	1		1			
70		1	1			
71		1		1		
72	1		1			
73		1		1		
74	1		1			
75		1		1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						